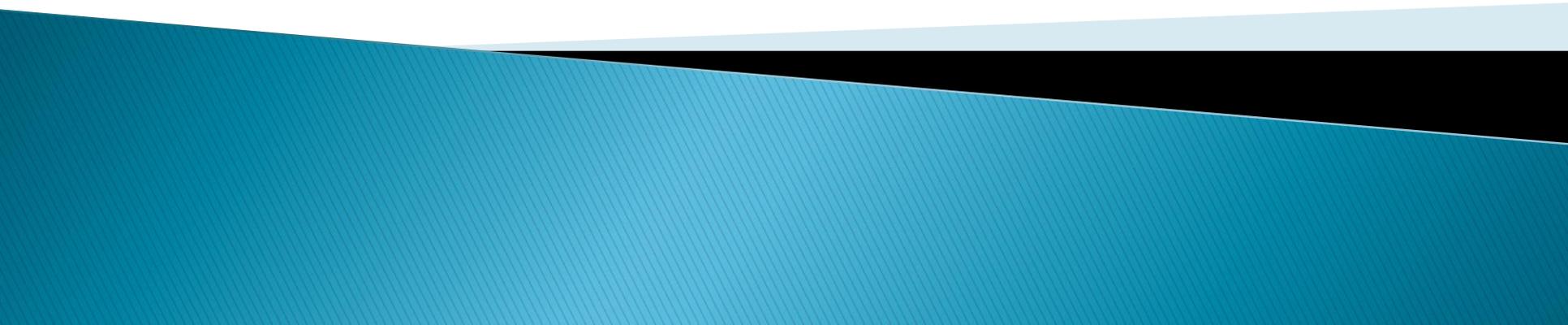


A Rural Health Approach to the ICD-10 Project

Presented by:
Gary Lucas, CPC, CPC-I,
AHIMA Approved ICD-10-CM & PCS
Trainer and Ambassador

President, Discover Compliance Resources, Inc.
Atlanta/Decatur, GA

June 5, 2013 Alabama-Georgia Rural Health Clinic Conference



Main References

- ▶ History of the development of the ICD, World Health Organization website, <http://www.who.int/classifications/icd/en/>
- ▶ ICD–10–CM Official Guidelines for Coding and Reporting–2013, Centers for Disease Control (CDC), National Center for Health Statistics
 - <http://www.cdc.gov/nchs/icd/icd10cm.htm>
- ▶ Centers for Medicare & Medicaid Services ICD–10 page:
 - <http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10>
- ▶ Centers for Medicare & Medicaid Services ICD–10 page:
 - <http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10>
- ▶ Assorted guidelines and concepts created and/or approved by the official ICD–10 Cooperating Parties:
 - American Hospital Association (AHA),
 - American Health Information Management Association (AHIMA),
 - Centers for Medicare and Medicaid Services (CMS), and
 - National Center of Health Statistics (NCHS)

Stated webinar objectives

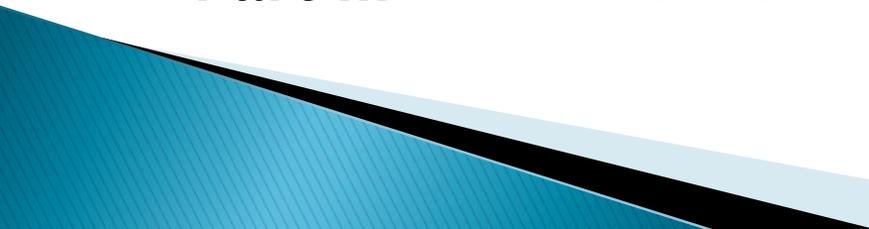
- ▶ Learn differences in ICD-10-CM and PCS and roadblocks to successful implementation
 - ▶ How to get your project moving if it hasn't started yet and/or how to maintain current progress
 - ▶ How to inform, educate, and support coders/billers, IT staff, HR, finance, facility leadership, etc.
 - ▶ Distinguish formal strategic planning principles within your Project Plan
- 

Agenda

- ▶ Introduction

 - ▶ **Part I = ICD-10-CM**
 - General Overview
 - Layout & Code Structure (*Alphabetic and Tabular*)
 - Sample Coding Guidelines

 - ▶ **Part II = ICD-10-PCS**
 - General Overview
 - Code Structure/Design
 - Sample Coding Guidelines and Definitions

 - ▶ **Part III = Where Do We Go From Here?**
- 

HHS Confirms Final Implementation Date for ICD-10 for the last time?

- ▶ HHS announces original intent to consider a delay of the ICD-10 compliance date on February 15, 2012
- ▶ The primary reasons for the proposed delay were stated to be issues with 5010 implementation and the need to carefully develop **testing** plans
- ▶ On August 24, 2012 HHS announced the one year delay would move the implementation one year **to October 1, 2014** for printing in the Federal Register on September 5, 2012.
 - They estimate a 10-30% increase in costs for those who already began active planning
 - Which planning stage are you in?
- ▶ Opinion: This is a **firm** go-live date.

Codes will change between now and implementation

- ▶ The last regular, annual updates to both ICD-9-CM and ICD-10 code sets were made on October 1, 2011.
- ▶ On October 1, 2012 and October 1, 2013 **there will be only limited code updates** to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173.
- ▶ On October 1, 2014, **there will be only limited code updates** to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.
- ▶ On October 1, 2015, regular updates to ICD-10 will begin.

Source:

http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/Downloads/Partial_Code_Freeze.pdf

Introduction

- ▶ The sky is not falling...
 - While ICD-10 (CM and PCS) does pose numerous challenges to all constituents of the healthcare industry, many of the general concepts utilized to successfully select ICD-9 codes may be applied to ICD-10.
 - The major challenge lies with understanding the concepts described in ICD-10-CM and ICD-10-PCS and how they translate from the codes we have become accustomed to...
 - ICD-10 will impact **all aspects of the revenue cycle** and requires increased proficiency with patient intake, will increase the importance of provider documentation throughout the claims process, affects third party contracting, and may increase appeals in the short-term.

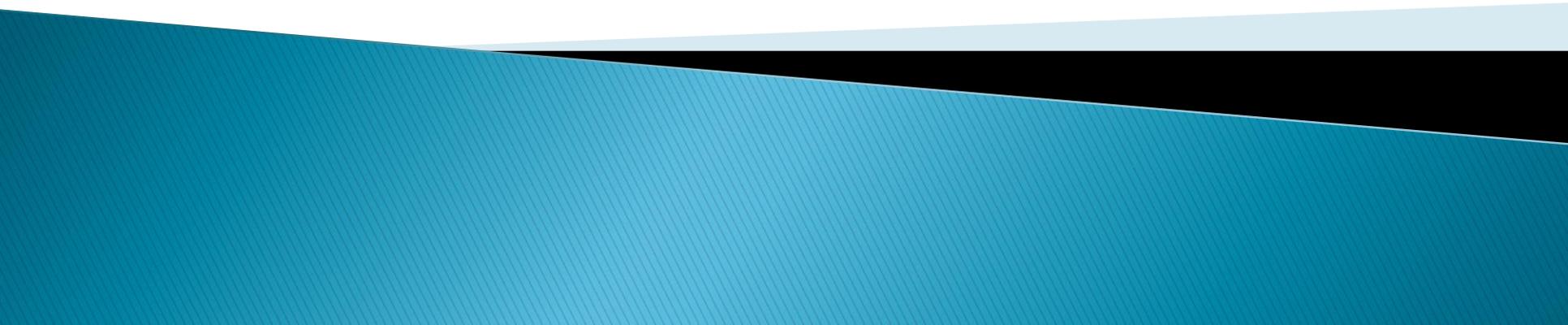
Major Impact Areas

1. Organizational Awareness
2. Strategic Planning and Project Management
3. Financial Implications
4. EMR/EHR Interfaces / Meaningful Use / PQRI
5. Affect on Payments – “budget neutrality”
6. Vendor Relationships
7. Education and Training



CMS Project Phases: Planning, Communications and Awareness, Assessment, Implement, Test, Transition

PART I
ICD-10-CM General Overview



Why The Need For ICD-10?

- ▶ ICD-9 does not facilitate the continued need for greater coding detail and can not continue to accommodate the addition of necessary diagnostic codes.
 - ▶ Health information technology (HIT) brings with it the need to enhance the diagnostic code set to meet the *international* standards for which ICD was created.
 - ▶ The ICD-10 code set will allow for greater measurement and tracking of quality outcomes.
 - ICD-9 has simply become substandard in relation to international reporting principles.
- 

ICD-10-CM Basics

- ▶ ICD-10-CM coding guidelines will only impact those constituents of the healthcare industry who **currently use ICD-9-CM (Volumes 1 and 2)** to report diagnostic codes identifying signs, symptoms, established acute or chronic conditions, etc. documented by qualified care providers
 - Physicians and other care professionals will continue to use the CPT and HCPCS-2 codes to report the services that they perform
 - Hospitals reporting to Medicare Part A and other payors for their assorted daily inpatient/facility services will not use ICD-10-CM for payment purposes, rather they will use ICD-10-PCS

Comparison of Clinical Modifications

ICD-9-CM	ICD-10-CM
Three to five characters	Three to seven characters
First digit is numeric but can be alpha (E or V)	First character always alpha
2-5 are numeric	All letters used except U
Always at least three digits	Character 2 always numeric: 3-7 can be alpha or numeric
Decimal placed after the first three characters (or with E codes, placed after the first four characters)	Always at least three digits and the decimal placed after the first three characters
Alpha characters are not case-sensitive	Alpha characters are not case-sensitive

Code Structure: ICD-10-CM

1st - Alpha
(Except U)

2nd
Numeric

3 - 7 Numeric or Alpha

V 9 1

0 7 X

A

“Base code”

Watch explanatory
notes!

Added code extensions
(7th character) for
obstetrics, injuries, and
external causes of injury

★ Watch for the “dummy”
placeholder in the 5th and/or 6th! ★

Example of a 7th digit and a dummy placeholder

Injury and External Cause – Identifies Injury

Initial –
receiving active
treatment

Subsequent –
receiving
routine care
during healing
or recovery
(after active
treatment)

Sequela –
complications
or conditions
arising as result
of injury

EXAMPLE

- V91.07
- A burn due to water-skis on fire, **initial**
- Is it work-related?
- Place of Occurrence?
- Civilian or Military?

Some Enhancements Of ICD-10-CM

- ▶ Addition of information related to ambulatory and managed care encounters
- ▶ Expanded injury codes, grouped by anatomic site(s) rather than injury category (E-codes are no longer)
- ▶ Combination diagnosis/symptom or manifestation codes to reduce number of codes needed to fully describe conditions
- ▶ Combination codes for poisonings and external causes
- ▶ Additions of 6th and 7th characters– 7th digit to describe visit encounter or sequelae for injuries and external causes
- ▶ Laterality (right, left, bilateral, etc.)
- ▶ Full code titles for 4th and 5th digits—no more need to refer back to common 4th/5th digits for full code description
- ▶ V-codes and E-Codes are no longer supplemental classifications
- ▶ Postoperative complications are now grouped anatomically

ICD-10-CM Training before go-live

- ▶ Various parties have estimated that *approximately 16 hours of coding training are likely needed for each coding **manager** to learn ICD-10-CM.*
 - More is required for those actively involved in coding each day
- ▶ Estimate at least 2–3 hours of in-depth education **for each specialty section** of purely coding training and that doesn't include billing training!
 - We haven't received any billing guidance yet which will require far more education and training for everyone in many areas of the revenue cycle
- ▶ All affected parties will need to **refresh or expand** on coders' knowledge in the biomedical sciences (anatomy, physiology, pharmacology, and medical terminology).

Section I:

C. Chapter Specific Coding Guidelines

- Chapter 1: Infectious and Parasitic Disease (A00–B99)
- Chapter 2: Neoplasms (C00–D49)
- Chapter 3: Diseases of Blood and Blood Forming Organs (D50–D89)
- Chapter 4: Endocrine, Nutritional and Metabolic Diseases (E00–E89)
 - [Diabetes is located in this section \(E08–E13\)](#)
- Chapter 5: Mental and Behavioral Disorders (F01–F99)
- Chapter 6: Diseases of the Nervous System and Sense Organs (G00–G99)
- Chapter 7: Diseases of the Eye and Adnexa (H00–H59)
- Chapter 8: Diseases of the Ear and Mastoid Process (H60–H95)
- Chapter 9: Disease of the Circulatory System (I00–I99)
 - [Hypertension is located in this section \(I10–I15\), R03.0 for elevated BP \(ICD–9 code 796.2\)](#)
- Chapter 10: Diseases of the Respiratory System (J00–J99)
- Chapter 11: Diseases of the Digestive System (K00–K94)
- Chapter 12: Diseases of Skin and Subcutaneous Tissue (L00–L99)
- Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00–M99)

Section I:

C. Chapter Specific Coding Guidelines

- Chapter 14: Diseases of the Genitourinary System (N00–N99)
- Chapter 15: Pregnancy, Childbirth, Puerperium (O00–O9A)
 - OB, Delivery and Postpartum Services
- Chapter 16: Newborn (Perinatal) Guidelines (P00–P96)
 - Newborn services and reporting stillborns
- Chapter 17: Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00–Q99)
- **Chapter 18:** Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00–R99)
 - Codes that describe symptoms and signs are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider.
- **Chapter 19:** Injury, Poisoning and Certain Other Consequences of External Causes (S00–T88)
- **Chapter 20:** External Causes of Morbidity (V01–Y99)
- **Chapter 21:** Factors Influencing Health Status and Contact With Health Services (Z00–Z99)

ICD-10 Coding Guidelines

Official ICD-10
Guidelines

- ▶ The **Centers for Medicare and Medicaid Services (CMS)** and the **National Center for Health Statistics (NCHS)**, two departments within the U.S. Federal Government's Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). These guidelines should be used as a companion document to the official version of the ICD-10-CM as published on the NCHS website. The ICD-10-CM is a morbidity classification published by the United States for classifying diagnoses and reason for visits in all health care settings.
- ▶ These guidelines have been created and approved by the **Cooperating Parties**:
 - American Hospital Association (AHA),
 - American Health Information Management Association (AHIMA),
 - Centers for Medicare and Medicaid Services (CMS), and
 - National Center of Health Statistics (NCHS)
- ▶ “Adherence to these guidelines is a HIPAA requirement” – **USE CAUTION** though as billing guidance from Medicare, Medicaid, or 3rd party payors could be different!

Excerpts From Official ICD-10 Guidelines

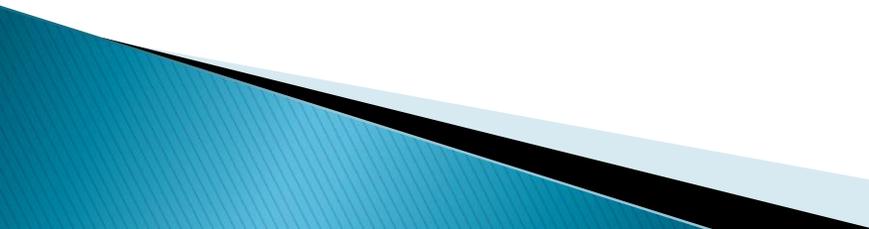
- ▶ *“A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures.”*
- ▶ *“The importance of consistent, complete documentation in the medical record cannot be overemphasized.”*
- ▶ *“In the context of these guidelines, the term provider is used throughout the guidelines to mean physician or any qualified health care practitioner who is legally accountable for establishing the patient’s diagnosis.”*

Excerpt from the
Official ICD-10 Guidelines

What Will Not Change With ICD-10-CM

- Code reason for visit first
 - Code to the highest level of known specificity
 - Don't code “probable, suspected, questionable or rule out”
 - Code chronic diseases as often and as long as the patient receives treatment for them
 - Code coexisting conditions affecting patient care at the time of the visit
- 

How To Locate An ICD-10-CM Code

- ▶ To properly select a code in the classification that corresponds to a diagnosis or reason for the patient encounter, documented in a medical record must be clear...
 1. First, locate the term in the **Alphabetic Index**
 2. Next, verify the code in the **Tabular List**
 - Always consult the instructional notations that appear in both the Index and the Tabular List
- 

Punctuation & Abbreviations

- ▶ **NEW for ICD-10 = Excludes-**
 - **Excludes 1** – used when 2 codes cannot occur together (e.g., congenital versus acquired)
 - **Excludes 2**– used when 2 codes may occur together but separate documentation is required of each condition

Chest Pain:

- ▶ **Alphabetic Index:**

- Pain

- Chest

- On breathing R07.1

- ▶ **Tabular List:**

- R07 Pain in throat and chest

- Excludes 1:** epidemic myalgia (B33.0)

- Excludes 2:** pain in breast (N64.4)

- R07.1 Chest pain on breathing

- Painful respiration

New for ICD-10-CM: Sequela (Late Effects)

- ▶ *A sequela is the residual effect (condition produced) after the acute phase of an illness or injury has terminated. There is no time limit on when a sequela code can be used...*
- ▶ *Coding of **sequela** generally requires two codes sequenced in the following order: The condition or nature of the **sequela** is sequenced first. The **sequela** code is sequenced second.*
- ▶ *An exception to the above guidelines are those instances where the code for the sequela is followed by a manifestation code identified in the Tabular List and title, or the sequela code has been expanded (at the fourth, fifth or sixth character levels) to include the manifestation(s).*
- ▶ *The code for the acute phase of an illness or injury that led to the sequela is never used with a code for the late effect.*

SOURCE: 2012 ICD-10-CM Coding Guidelines

Part II

ICD-10-PCS General Overview

ICD-10-PCS Basics

- ▶ ICD-10-PCS coding guidelines will only impact those constituents of the healthcare industry who **currently use ICD-9-CM (Volume 3)** to report inpatient procedures
 - PCS codes are expected to be mapped or tied to various DRGs that are tied to payments and cost reports
 - Physicians and other care professionals will continue to use the CPT, HCPCS-2, and ICD-10-CM codes to report their professional services in an outpatient basis and to services they provide to hospital and other facility inpatients

ICD-10-PCS (Coding Guideline A. 11)

- ▶ Many of the terms used to construct PCS codes are defined within the system. It is the coder's responsibility to determine what the documentation in the medical record equates to in the PCS definitions. The physician is not expected to use the terms used in PCS code descriptions, nor is the coder required to query the physician when the correlation between the documentation and the defined PCS terms is clear.

Example: When the physician documents “**partial resection**,” the coder can independently correlate “**partial resection**” to the root operation Excision without querying the physician for clarification.

Another Root Operation Potential Confusion

Extirpation represents a range of procedures where **the body part itself is not the focus of the procedure**. Instead, the objective is to remove solid material such as a foreign body, thrombus, or calculus from the body part.

- Note the potential confusion if a provider uses the words **“excision”** or **“removal”** in the medical record in conjunction with a procedure that should be reported as an extirpation!

General Structure of the PCS

- ▶ All codes in PCS are seven characters
- ▶ Letters O and I not used in PCS
 - Numbers 0 and 1 used
- ▶ Each character value has a specific meaning
- ▶ Meanings can change by section
- ▶ Section provides first character value
(medical/surgical, medical-surgical related, and ancillary)

Overall ICD-10 PCS Organization

- ▶ The ICD-10-PCS Draft Coding Guidelines (2012) appear in the *ICD-10-PCS 2012 Code Book*

Three sections of the ICD-10 PCS



Medical-
Surgical

Medical-
Surgical
Related

Ancillary

A quick peek at an ICD-10-PCS table

0: Medical and Surgical (Section)			
0: Central Nervous (Body System)			
1: Bypass: Altering the route of passage of the contents of a tubular body part (Root Operation)			
Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
6 Cerebral Ventricle	0 Open	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	0 Nasopharynx 1 Mastoid Sinus 2 Atrium 3 Blood Vessel 4 Pleural Cavity 5 Intestine 6 Peritoneal Cavity 7 Urinary Tract 8 Bone Marrow B Cerebral Cisterns
U Spinal Canal	0 Open	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	4 Pleural Cavity 6 Peritoneal Cavity 7 Urinary Tract 9 Fallopian Tube

The values of characters 1 through 3 are provided at the top of each table. Four columns contain the applicable values for characters 4 through 7.

ICD-10-PCS:

Medical-Surgical Code Structure

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier



- ▶ Objective of procedure
- ▶ 31 Root operations
- ▶ Arranged by similar attributes
- ▶ Multiple codes
- ▶ **CAUTION: They are easily confused and may differ from the documentation!**

Root Operations Examples:

- Bypass
- Drainage
- Extirpation
- Resection
- Inspection
- Removal

Study your Root Operation Guidelines

Section

B3.1 a

- Full definition

B3.1 b

- Integral to procedure

B3.2

- Multiple procedures

B3.3

- Discontinued procedures

B3.4

- Biopsy followed by treatment

B3.5

- Overlapping body layers

ICD-10-PCS: Selecting the Approach

Character 1	Character 2	Character 3	Character 4	Character 5	Character 6	Character 7
Section	Body System	Root Operation	Body Part	Approach	Device	Qualifier

Through the skin or mucous membranes

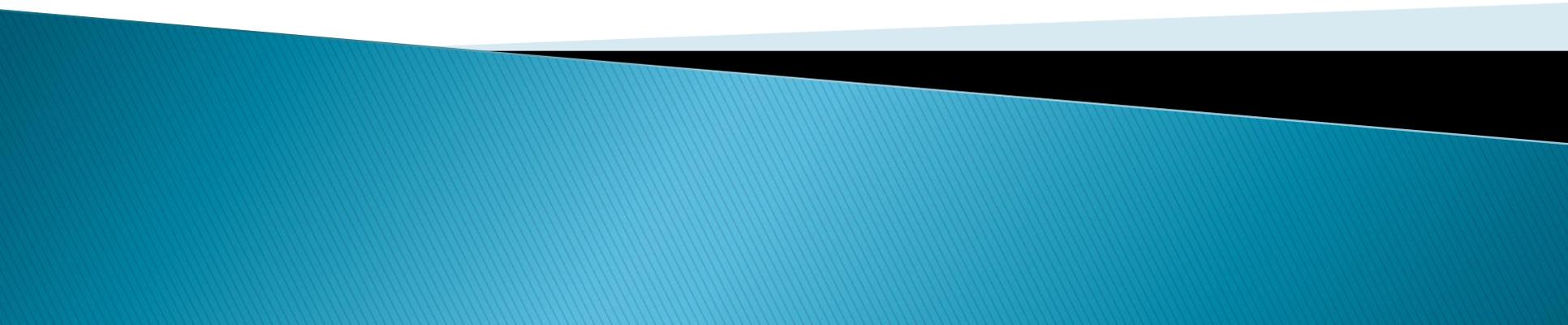
- ▶ Open
- ▶ Percutaneous
- ▶ Percutaneous Endoscopic

Through an orifice

- ▶ Via Natural or Artificial Opening
- ▶ Via Natural or Artificial Opening Endoscopic
- ▶ Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance

Part III

Where Do We Go From Here?



Biggest Challenges to Providers

- ▶ General Equivalence Mapping (GEM) –
 - Conversion of ICD–9 codes to ICD–10 codes
 - Require more specificity of documentation (e.g., LT/RT)
 - Many providers have never really mastered ICD–9 coding principles – major challenge for ICD–10
 - GEMs can be accessed at CMS website:
 - <https://www.cms.gov/ICD10/Downloads/GEMs-CrosswalksTechnicalFAQ.pdf>
 - **Its important to mention that though some ICD–9–CM codes can be mapped “*one to one*” many ICD–9–CM codes will map to a multitude of ICD–10 listings and vice versa**

Checklist For Planning ICD-10 Transition

- ▶ Per CMS, here is a checklist for smooth transition:
 - Identify **all** electronic and paper systems/tools that encompass ICD-9 codes (identify changes to workflow processes)
 - Templates and forms
 - Practice management systems & EHR
 - Public health and quality reporting initiatives (e.g., PQRI)
- ▶ Communicate with vendors to ensure accommodations for both version 5010 and ICD-10 codes
 - Check to see if system upgrades are included in agreement
- ▶ Open lines of communication with your vendors
 - Payers, clearinghouses, billing service companies, etc.
- ▶ Check with payers to determine any potential changes to contracts, fee schedules and reimbursement
- ▶ **Assess your staff training needs – use eLearning!!!**
- ▶ Budget time and cost of implementation
 - Software updates, reprinting forms, staff training, etc.
- ▶ Conduct test transactions

When should clinical documentation be a focus?

- ▶ Bottom line: Clinical documentation by providers in paper and electronic records will be crucial to justify the application of ICD-10 codes, but clinical documentation improvement should already be an **active part of your compliance efforts today**
- ▶ Health care organizations will incur money and time expenses related to:
 - Provider and coder awareness and coding training
 - IT vendor programming/maintenance/upgrades
 - Loss of productivity **beyond** the eventual go-live date

Now or later?

ICD-10 Headache Size

- ***** (5, encephalitis) Government CMS CDC
- *****(4, migraine) Health Insurance Plans
 - Change claims processing systems
 - Model impacts to payments
 - Update policies and tables
 - Correctly understand all codes
- *** (3, cluster) Hospitals
 - Change claims submission systems
 - Deal with impacts in cash flow
 - Correctly encode charts
- ** (2, sinus) Billing Agencies
 - Change systems that submit codes
 - Change systems that display codes
- * (1, tension) Physicians



Sign up to Get the Latest Information on ICD-10

- CMS ICD-10 Industry Email Updates – Immediately notifies subscribers of important information and reminders about the Version 5010 and ICD-10 transition
http://www.cms.gov/ICD10/02d_CMS_ICD-10_Industry_Email_Updates.asp
 - To register, scroll down to the “Related Links Inside CMS” section
- ICD-10 Latest News Page Watch – Sends an e-mail notification when information on the web page is changed or updated
http://www.cms.gov/ICD10/02b_Latest_News.asp
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CMS Implementation Planning

CMS has commissioned implementation reports and impact analyses for its internal use in preparing for the upgrade to Version 5010 and transition to ICD-10.

Key results are posted here to provide insights for other organizations as they plan.

Industry Readiness Assessments and Listening Session

CMS is working closely with researchers and with industry groups representing [providers](#), [payers](#), and [vendors](#) to assess and support Version 5010 and ICD-10 progress.

Activities to gauge and assist with industry preparedness include:

- **An online survey** of approximately 600 providers, payers, and vendors. [Survey results](#) showed widespread awareness of the version 5010 upgrade and ICD-10 transition among all three groups.

There are tons of free resources...

YouTube CMS-AAPC ICD-10 Code-a-thon Video

226 videos

Transitioning

- Identify your current system that use ICD-9 codes
- Communicate implementation providers, payers, and vendors
- Identify potential changes to processes
- Budget for time and money implementation
- Allow enough time to test train
- Assess staff training needs



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ICD-10 Implementation

The US Department of Health and Human Services (HHS) replacement of the ICD-9-CM code sets used by medical report health care diagnoses and procedures with ICD-10 1, 2014. ICD-10 implementation will radically change the currently done and will require a significant effort to implement. ICD-10 implementation training is now, and through AAPC organizations and individuals have become ICD-10 Implementers.

Need Help With ICD-10?
800-626-2633 x8
icd10@aapc.com

Learn more about the **ICD-10 Codes**

Learn the new **ICD-10**



AHIMA Quality Healthcare Through Quality Information

Home

... Shift-R improves the quality of this image. Shift-A improves the quality of all images on this page.

The CoP is currently experiencing some issues with log-ins, accessing resources and posting topics. We are working to fix the issues. We are sorry for the inconvenience and thank you for your understanding.

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Training & Certification

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...and we are all in this together!

Stated webinar objectives

- ▶ Learn differences in ICD-10-CM and PCS and roadblocks to successful implementation
- ▶ How to get your project moving if it hasn't started yet and/or how to maintain current progress
- ▶ How to inform, educate, and support coders/billers, IT staff, HR, finance, facility leadership, etc.
- ▶ Distinguish formal strategic planning principles within your Project Plan

Where do we go from here?



Contact Me:

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